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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/639,679	08/13/2003	Maurizio Tarrano	7316	6130

7590 07/29/2004

SHLESINGER, ARKWRIGHT & GARVEY LLP  
3000 South Eads Street  
Arlington, VA 22202

EXAMINER

MENDIRATTA, VISHU K

ART UNIT PAPER NUMBER

3712

DATE MAILED: 07/29/2004

Please find below and/or attached an Office communication concerning this application or proceeding.

YW

<b>Interview Summary</b>	<b>Application No.</b> 10/639,679	<b>Applicant(s)</b> TARRANO, MAURIZIO	
	<b>Examiner</b> Vishu K Mendiratta	<b>Art Unit</b> 3712	

All participants (applicant, applicant's representative, PTO personnel):

(1) Vishu K Mendiratta. (3)\_\_\_\_\_.

(2) Josefino Deleon. (4)\_\_\_\_\_.

Date of Interview: 27 July 2004.

Type: a) ☐ Telephonic b) ☐ Video Conference  
c) ☒ Personal [copy given to: 1) ☐ applicant 2) ☒ applicant's representative]

Exhibit shown or demonstration conducted: d) ☐ Yes e) ☐ No.  
If Yes, brief description: \_\_\_\_\_.

Claim(s) discussed: 1 and 7.

Identification of prior art discussed: Foster , Pridgeon.

Agreement with respect to the claims f) ☐ was reached. g) ☒ was not reached. h) ☐ N/A.

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: New claims will be presented and new search would be required.

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.



Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

\_\_\_\_\_  
Examiner's signature, if required